Tax No. 45-17-16-204-014.00@0008 066988

2088 SEP 25 AH 10: 49

WARRANTY DEED A BROWN NECORDER

THIS INDENTURE WITNESSETH, That DOUGLAS R. STADT AND KATHY S. STADT, HUSBAND AND WIFE, GRANTOR of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to TERENCE W. GIRDZUS of ALLEN County in the State of INDIANA, as GRANTEES in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 1079, LAKES OF THE FOUR SEASONS, UNIT 7, AS SHOWN IN PLAT BOOK 38, PAGE 9, LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS:

3418 WEST LAKESHORE DRIVE, CROWN POINT, INDIANA 46307

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2007 TAXES PAYABLE 2008, 2008 TAXES PAYABLE 2009 AND ALL REAL ESTATE TAXES DUE AND

PAYABLE HEREAFTER.
SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY.
Dated this 15 TH day of SEPTEMBER 7,2008. FFICIAL!
This Document is the property of the Lake County Recorder!
DOUGLAS R. STADT STATE OF INDIANA COUNTY OF PORTER SS:
Before me, the undersigned, a Notary Public in and for said County and State, this15 TH day of SEPTEMBER, 2008, personally appeared: DOUGLAS R. STADT AND KATHY S. STADT and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.
My commission expires: 01/12/16 Resident of PORTER County Signature TRACIE A. MILENKOFF, Notary Public
This instrument prepared by PATRICK J. McMaNaMa, Attorney at Law, Identification No: 9534-45 No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.
Return Deed To: GRANTEE(S) – 3418 WEST LAKESHORE DRIVE, CROWN POINT, IN 46307 Grantee's street or rural route address: 3418 WEST LAKESHORE DRIVE, CROWN POINT, IN 46307 Send Tax Bills To: GRANTEE(S) – 3418 WEST LAKESHORE DRIVE, CROWN POINT, IN 46307
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this Document unless required by law. Signature of Preparer
TRACIE A. MILENKOFF
Name of Preparer

COMMUNITY TITLE COMPANY

FILE NO. 1 FILE NO <u>L 40341</u>

PART SUPERMEDICAL THANTION SUBJECT TO SINN ACCEPTANCE FOR TRANSFER

SEP - 2008

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